

**Minutes from Somerset CCG Engagement Advisory Group (SEAG)  
held on Monday 21 January 2019  
Somerset CCG, Wynford House, Lufton Way, Yeovil BA22 8HR**

**Attendees: -**

Mary Adams – Weston Hospital  
Dr Rosie Benneyworth – Somerset CCG  
Chelsea Bennett – Health Coach, Homegroup  
Victoria Butcher – SSCVA  
Mary Clarke  
Claire Cole – Somerset Parents Carer Forum  
Claire David – Somerset Parents Carer Forum  
Virginia Deverill  
Paul Dean  
Nigel Engert – Wincanton Medical Centre PPG  
David Freeman – Somerset CCG  
Jane Hamlin – Beaumont Society  
Amanda Hirst – Somerset CCG  
Ruth Hobbs – Somerset Parents Carer Forum  
Mary Kelly – Highbridge Surgery PPG  
Wendy Lynch – Dunster and Porlock PPG  
Lesley Le-Pine – Somerset CCG  
Sue Lilley – Somerset CCG  
Jo McDonagh – Somerset County Council  
Teresa Mason – Alzheimer’s Society  
Virginia Membrey – Somerset Partnership  
Debbie de Mornay Penny – Carers Voice  
Lucy Nicholls – Somerset Partnership  
Debbie Ovenden – Compass Disability Services  
Lee Reed – Somerset CCG  
Paul Robathan – League of Friends, South Petherton Hospital  
Janet Royston – Bridgwater Senior Citizens Forum  
Steve Sharples  
Lisa Snowdon-Carr – 2BU Somerset  
Shannon Tarr – Compass Disability Services  
Hayley Skipp – Yeovil District Hospital  
Emily Taylor – Healthwatch  
Pauline Tilley – Compass Disability Services  
Eillean Tipper – North Petherton PPG  
Caroline Toll – Carers UK  
Margaret Twidale  
Gill Waldron – South Somerset Healthcare PPG  
Sandra Wilson – Exmoor Health Centre PPG

Item no.	Subject	Action
1.	<p><b>Welcome and apologies</b></p> <p>David Freeman welcomed everyone to his first SEAG meeting as Chief Operating Officer at Somerset CCG and confirmed apologies were received from: -</p> <ul style="list-style-type: none"> <li>• Alison Adlam – Rethink</li> <li>• Pat Barthram – Highbridge Medical Centre PPG</li> <li>• Peter Berman – Lister House PPG</li> <li>• Jacqueline Briggs - Swan Advocacy</li> <li>• Sue Creighton – Age UK Somerset</li> <li>• Angela Farmer – Sedgemoor Council</li> <li>• Debbie Hicks – Stokehill</li> <li>• Amanda Hirst – Somerset CCG</li> <li>• Dr Michael Hope – Carers Voice</li> <li>• Tessa Howard</li> <li>• Andy Kendall</li> <li>• Christine Oliver – Reconnect</li> <li>• Caroline Mead – Somerset Partnership</li> <li>• Leila Middlehurst-Evans – MS Society</li> <li>• Vicky Sullivan – SPARK Somerset</li> </ul>	
2.	<p><b>Minutes of last meeting held on 8 October 2018</b></p> <p>The minutes from the last SEAG meeting held on 8 October 2018 were accepted as an accurate record.</p>	
3.	<p><b>Fit for My Future Update</b></p> <p>Dr Rosie Benneyworth announced that she would be leaving Somerset CCG at the end of February in order to take up the post of Chief Inspector of Primary Medical Services and Integrated Care at the CQC. Maria Heard from NHS England has been announced as her successor and will start in early March.</p> <p>RB shared some of the proposals discussed at the recent FFMF engagement events and confirmed that information gathered from the public at these events (including information from 650 completed questionnaires) will go in a report to the Board for the January meeting.</p> <p><a href="https://www.dropbox.com/s/ncgf4tas145y3si/SEAG%20presentation%2018012019%20Rosie%20Benneyworth.pptx?dl=0">https://www.dropbox.com/s/ncgf4tas145y3si/SEAG%20presentation%2018012019%20Rosie%20Benneyworth.pptx?dl=0</a></p> <p>RB acknowledged that there were some large scale proposals that would need a business case developed and to go through public consultation (see attached presentation) however there were other smaller proposals that could be looked at and progressed more rapidly including: -</p>	

- Alternative ways to deliver outpatient appointments.
- Asking what does the future look like for dementia care in Somerset and where do the beds need to be?
- Deciding how we can develop and strengthen neighbourhoods and work with all parts of the health and care system, GPs, therapists, social care services, voluntary community?
- Looking at how we reduce reliance of bed-based care? Somerset has more beds than the national average. Some patients are in a hospital bed when it is not necessary and this could negatively impact on their return to health (i.e. reducing muscle mass, contracting hospital acquired infections, gaining pressure sores etc)
- Developing urgent treatment centres to replace minor treatment centres. It was noted that the public find it difficult to navigate between GP, 111, 999, minor injury units and A&E services. The new Urgent Treatment Centres will have x-ray service and will be GP led.
- Working in conjunction with Dorset County Hospital, RUH Bath and Weston Hospital to look at acute services including stroke.
- Looking at best configuration of obstetric care for mother and baby conjunction with the national guidance 'Better Births'. Considering the best configuration for the 2 acute hospitals in Somerset to ensure they are most effective. This includes getting as many views as possible and looking at best evidence.

RB announced that there is a tender process to identify an independent partner to support an open options appraisal as it was deemed important to have an independent expert supporting the FFMF work) and stressed that the team are committed to ensuring public engagement goes through the whole FFMF process so that the public can influence it at every stage.

#### **Questions from SEAG to Dr Benneyworth**

**What is happening to the Mulberry Centre in Burrow, Burnham on Sea? It used to be a day hospital and was used widely and was then moved to Burnham on Sea but there was no day facility there?** Lucy Nicholls, Patient, Public and Carer Manager at Somerset Partnership agreed to report back to SEAG on this.

**Why is there no mention of financial implications in these proposals? No mention of the ever-impending crisis in adult social care cut or the amalgamation of health and social care. What is the financial state in the county?** RB referred to the 10-year NHS plan which sets a direction of travel for integrated care and confirmed the plan is to strengthen local community and mental health services but noted that the monies from 10-year plan is helpful but will never be enough. RB acknowledged that internationally the rate of financing health and social care is growing at a rate nobody can manage with more extensive treatments, growing numbers of people with conditions that need treatment, an ageing population. Somerset is not cutting any money but is looking at how things could be done differently. The recovery plan looks at what can be done

	<p>now to make sure services run as efficient and effective as possible.</p> <p>DF commented:-</p> <ul style="list-style-type: none"> <li>• If services were right, patients would be seen earlier and that would save monies.</li> <li>• The analysis of the finances in the autumn showed a potential financial gap of £60m over the next few years and if you add in local authority pressure it goes up to £80m.</li> <li>• The gap is created by a mixture of things: levels of funding received by health services; the need for greater efficiency across all health and care partners; and perhaps most importantly the need to transform (or modernise) services so that they become much more effective and financially sustainable.</li> <li>• This is what makes the FFMF work so important to the CCG and our partner organisations such as those represented by SEAG members.</li> </ul> <p><b>Could the 40% lack of nursing staff in Somerset be due to the withdrawal of nursing training grants?</b> RB acknowledged the impact on staffing of:</p> <ul style="list-style-type: none"> <li>• The withdrawal of nursing bursaries</li> <li>• Brexit</li> <li>• No university in Somerset to “grow” our own pipeline of people</li> <li>• High proportion of workforce approaching retirement age</li> </ul> <p><b>What is being done to improve the waiting time for diagnosis for CAMHS?</b> RB confirmed a proposal is being developed to look at better joined up care for those with complex needs and emotional care problems including earlier intervention to get support for the children and their families.</p> <p><b>Why are nurses being moved to different community hospitals?</b> RB acknowledged the staffing shortages and agreed the need to get to a position where the staffing is sustainable for the future and that they feel valued. A lot of international evidence suggested that staff satisfaction is related to patient quality of care delivered.</p>	
4.	<p><b>Healthwatch Somerset</b></p> <p>Emily Taylor, Chief Executive at Healthwatch Somerset encouraged SEAG members to complete the Healthwatch priorities list for 2019/2020 which will be sent to them shortly.</p> <p><a href="https://www.dropbox.com/s/gt5kb8crnj8gh3f/HWS%20Priority%20long%20list%20Questionnaire.docx?dl=0">https://www.dropbox.com/s/gt5kb8crnj8gh3f/HWS%20Priority%20long%20list%20Questionnaire.docx?dl=0</a></p> <p>Healthwatch sit on 26 meetings across health and social care services in</p>	ALL

	<p>Somerset and can run 3-4 research projects a year to gain a deeper understanding of public views. They recently worked on a project relating to NHS 111 project and received feedback from 662 members of the public and will shortly be starting a project on the Health Visitor Service.</p>	
5.	<p><b>Somerset Parent Carer Forum (SPCF)</b></p> <p>Ruth Hobbs explained that SPCF is part of the National Network of Parent Carer Forums (NNPCF) of which there are 151 forums split into 9 regions. SPCF is run for parent carers by parent carers and is parent led. They cover all disabilities and represent a collective voice of parent carers in Somerset and are the fastest growing forum in the country with 50-60% growth per year.</p> <p><a href="https://www.dropbox.com/s/wupwtj6gabn7cx8/SEAG%20presentation%20January%2019%20SPCF.pptx?dl=0">https://www.dropbox.com/s/wupwtj6gabn7cx8/SEAG%20presentation%20January%2019%20SPCF.pptx?dl=0</a></p> <p>In Somerset there are approximately 13,000 children with special needs. RH acknowledged that the pathway for parents was not clear and that SPCF were recognised by DOE as the voice of parent carers in the area. Their future plans include</p> <ul style="list-style-type: none"> <li>• Working with SEND community to set next 12 months objectives</li> <li>• Extend or relocate some of the 8 groups per month</li> <li>• Training offer including Expert Parent workshops</li> <li>• Work on website: Focused surveyed</li> <li>• Reviewing work streams to ensure we are making the most impact and best use of our time.</li> <li>• OSTED &amp; CQC inspection training</li> <li>• Representative training and skills audit</li> <li>• Sustainability of forum – funding and development</li> <li>• Focus on Health and work with DCO</li> <li>• Local Offer Development</li> <li>• Leading on the restructuring the South West NNPCF region</li> <li>• Launching a carers card that carers could carry in case of an accident.</li> </ul> <p>DF asked what more members of SEAG and the CCG could do to help SPCF. RH suggested raising awareness of their forums, roadshows and the forthcoming inspection (see presentation attached).</p>	ALL
6.	<p><b>Update on Weston Hospital</b></p> <p>Mary Adams, Partnership and Engagement Manager of Bristol, North Somerset and South Gloucestershire CCG gave a brief update on Weston Hospital, describing the need for change and the vision for local services.</p> <p><a href="https://www.dropbox.com/s/q2wx5klm4otobwd/201901%20Healthy%20Weston%20Update%20Slides.pptx%20v2.pptx?dl=0">https://www.dropbox.com/s/q2wx5klm4otobwd/201901%20Healthy%20Weston%20Update%20Slides.pptx%20v2.pptx?dl=0</a></p>	

	<p>Mary described the 5 models of care that are being considered:-</p> <ul style="list-style-type: none"> <li>• 24/7 consultant led A&amp;E</li> <li>• 14/7 consultant led A&amp;E</li> <li>• 14/7 consultant &amp; GP led A&amp;E</li> <li>• 14/7 GP led Medical Emergency Centre</li> <li>• 14/7 GP led Urgent Treatment Centre</li> </ul> <p>Programme is based on population needs of 110K which goes up to 160K when including potential Somerset patients that use Weston Hospital.</p> <p>Imminent improvements include:-</p> <ul style="list-style-type: none"> <li>• More investment for adult and children's mental health services including a new Crisis and Recovery Centre.</li> <li>• Development of an integrated frailty service</li> </ul> <p>CT asked for the presentation to be shared and for SEAG members to provide feedback accordingly. <a href="mailto:bnssg.healthywestonenquiries@nhs.net">bnssg.healthywestonenquiries@nhs.net</a></p>	ALL
7.	<p><b>Future of communication and engagement in the CCG</b></p> <p>Following Paul Courtney's retirement in December 2018 as Communications Manager and Jill Downey's departure in August 2018 as Patient, Public and Carer Co-ordinator, DF announced that there has been a team restructure and they have appointed a new Head of Communications and Engagement starting in April 2019. Interim personnel Scott Swinton and Lesley Le-Pine are currently covering Communications and Patient Engagement respectively.</p> <p>DF reassured SEAG that it will become bigger, better, brighter, sparkier and in order to do this, there will be a review of the SEAG forum in the near future.</p>	DF
8.	<p><b>Dates of next meetings</b></p> <p>The SEAG 2019 dates for your diaries are listed below and will be held from 9.30-12.00pm.</p> <ul style="list-style-type: none"> <li>• Monday 15 April – Wynford House, Yeovil</li> <li>• Monday 15 July – Wynford House, Yeovil</li> <li>• Monday 14 October – location TBA</li> </ul>	